

<i>SERFF Tracking Number:</i>	<i>UNUM-126510866</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Unum Life Insurance Company of America</i>	<i>State Tracking Number:</i>	<i>45090</i>
<i>Company Tracking Number:</i>	<i>C.V.D. 144</i>		
<i>TOI:</i>	<i>H11G Group Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H11G.002 Short Term</i>
<i>Product Name:</i>	<i>CXC</i>		
<i>Project Name/Number:</i>	<i>Group WSTD/C.V.D. 144</i>		

## Filing at a Glance

Company: Unum Life Insurance Company of America

Product Name: CXC

SERFF Tr Num: UNUM-126510866 State: Arkansas

TOI: H11G Group Health - Disability Income

SERFF Status: Closed-Approved-  
Closed

Sub-TOI: H11G.002 Short Term

Co Tr Num: C.V.D. 144

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Margaret Munsey, Bonnie  
Williams

Date Submitted: 03/04/2010

Disposition Date: 03/08/2010  
Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Group WSTD

Project Number: C.V.D. 144

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 03/08/2010

Deemer Date:

Submitted By: Margaret Munsey

Filing Description:

March 4, 2010

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer

Explanation for Other Group Market Type:

State Status Changed: 03/08/2010

Created By: Margaret Munsey

Corresponding Filing Tracking Number:

Arkansas Insurance Department

Life & Health Division

1200 W. 3rd St.

Little Rock, AR 72201-1904

SERFF Tracking Number: UNUM-126510866 State: Arkansas  
Filing Company: Unum Life Insurance Company of America State Tracking Number: 45090  
Company Tracking Number: C.V.D. 144  
TOI: H11G Group Health - Disability Income Sub-TOI: H11G.002 Short Term  
Product Name: CXC  
Project Name/Number: Group WSTD/C.V.D. 144

Re: Unum Life Insurance Company of America  
Group Disability Insurance  
C.V.D. 144 Definition of Disability Variables

Dear Commissioner Bradford:

The above form is enclosed for your review and approval. It will be used with our C.FP-1 modular contract/certificate series which was approved by your Department of Insurance on 04/26/1994. Form C.V.D. 144 provides additional variables that address the evolving needs of our Customers and allows us to remain competitive in the marketplace. These new variables are in addition to those already approved and on file with your Department. Any modifications will be made within the confines of the laws of your governing jurisdiction.

Any non-highlighted text shown in this form filing is already approved by your department. All new or revised text is highlighted.

We request the right to make non-substantive formatting changes and request that all prior approved variables be available for use with this filing.

If anything further is needed to complete this submission, please do not hesitate to contact me. I can be reached by phone at: (800) 974-2266 extension 5-2962; or by email [mmunsey@unum.com](mailto:mmunsey@unum.com).

Sincerely,

Margaret "Peg" Munsey  
Contract Analyst  
Unum Life Insurance Company of America

## Company and Contact

### Filing Contact Information

Peggi Munsey, Contract Analyst  
2211 Congress Street  
C456  
Portland, ME 04122

[mmmunsey@unum.com](mailto:mmmunsey@unum.com)  
800-974-2266 [Phone] 52962 [Ext]  
423-209-3568 [FAX]

### Filing Company Information

<i>SERFF Tracking Number:</i>	<i>UNUM-126510866</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>Group WSTD/C.V.D. 144</i>		
Unum Life Insurance Company of America	CoCode: 62235	State of Domicile: Maine	
2211 Congress Street	Group Code: 416	Company Type: L&H	
Portland, ME 04122	Group Name:	State ID Number:	
(207) 575-2211 ext. [Phone]	FEIN Number: 01-0278678		

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	for form
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Unum Life Insurance Company of America	\$50.00	03/04/2010	34601330

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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved-Closed	Rosalind Minor	03/08/2010	03/08/2010

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## **Disposition**

Disposition Date: 03/08/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Form</b>	Additional Variables	Approved-Closed	Yes

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## Form Schedule

### Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 03/08/2010	C.V.D.144	Other	Additional Variables	Initial		50.200	C. V. D. 144 FILING.pdf

Unum Life Insurance Company of America  
Portland, Maine

Additional general Policy/Certificate variables to be used with our previously approved C.FP-1 modular series for Group Disability plans.

For ease of review purposes new or changed text has been **highlighted**. Non-highlighted text reflects language already on file with your Department. Bracketed text may be included, [modified] or omitted.

- 1) The following bulleted item, found in the **POLICYHOLDER PROVISIONS**, may be added under **WHO CAN CANCEL OR MODIFY THIS POLICY OR A PLAN UNDER THIS POLICY?**

[Unum provides [30 – 90] days notice at any time [after the Initial Rate Guarantee period] for any reason;] or

Changes you make to your coverage will begin at 12:01 a.m. on the date shown on your confirmation of coverage. [However, if you are absent from work due to injury or sickness on the date your change in coverage would normally begin, your change in coverage will begin on the date you return to active employment.]

Changes in coverage will not affect a payable claim that occurs prior to the effective date of the change.

- 2) The following new provisions may be added to the **GENERAL PROVISION** section:

**[WHEN IS THE PREMIUM DUE?**

If premium for your coverage is paid directly by you to Unum, all premiums due for your coverage, including any adjustments, must be paid on or before the applicable premium due date. [Your bill will include important information regarding premium remittance]. [Premiums are payable in U.S. currency only].]

**[WHAT IS THE GRACE PERIOD?**

The Grace Period is the [31 - 90] consecutive day period that begins on the day your premium is due. Your coverage will remain in effect during that time. However, if premium is not paid within this time, your coverage will terminate at the end of the Grace Period. There is no Grace Period for the first premium.

If Unum, at its sole discretion, agrees to waive the Grace Period in any instance, such agreement will not preclude or prejudice enforcement of the Grace Period in any other instance.

Termination of coverage will not prejudice any payable claim for a covered loss that begins prior to termination of coverage.]

- 3) The provision **WHAT DISABILITIES HAVE LIMITED PAYMENTS UNDER YOUR PLAN?** in the **BENEFIT INFORMATION** section may be changed to read:

**[WHAT DISABILITIES HAVE LIMITED PAYMENTS UNDER YOUR PLAN?**

If you are totally disabled due to a mental illness, we will pay you 50% of your weekly benefit. Your benefit will be subject to the maximum period of payment.

The lifetime cumulative maximum benefit period for all disabilities due to **mental illness** is 2 years. Only 2 years of benefits will be paid for any combination of such disabilities even if the disabilities:

- are not continuous; and/or
- are not related.



Unum Life Insurance Company of America  
Portland, Maine

Unum will not apply the mental illness limitation to dementia if it is a result of:

- stroke;
- trauma;
- viral infection;
- Alzheimer's disease; or
- other conditions not listed which are not usually treated by a mental health provider or other qualified provider using psychotherapy, psychotropic drugs, or other similar methods of treatment.]

**OR**

**[WHAT DISABILITIES HAVE LIMITED PAYMENTS UNDER YOUR PLAN?**

If you are totally disabled due to a mental illness, we will pay you 50% of your weekly benefit. If you are disabled due to a mental illness but you are not totally disabled, we will pay you 50% of your adjusted weekly benefit. Your benefit will be subject to the maximum period of payment.

The lifetime cumulative maximum benefit period for all disabilities due to **mental illness** is 2 years. Only 2 years of benefits will be paid for any combination of such disabilities even if the disabilities:

- are not continuous; and/or
- are not related.

Unum will not apply the mental illness limitation to dementia if it is a result of:

- stroke;
- trauma;
- viral infection;
- Alzheimer's disease; or
- other conditions not listed which are not usually treated by a mental health provider or other qualified provider using psychotherapy, psychotropic drugs, or other similar methods of treatment.]

4) The following new terms may be added to the **GLOSSARY** section:

**[ENROLLMENT and ENROLLMENT PERIOD** means a period of time determined by Unum and your Employer during which you are eligible to enroll for or change your coverage. This period of time may be limited.]

**WAITING PERIOD** means the [continuous] period of time you must be in active employment in an eligible group before you are eligible for coverage as determined by Unum and your Employer.

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## Supporting Document Schedules

	Item Status:	Status
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	<b>Date:</b> 03/08/2010
<b>Comments:</b>		
<b>Attachment:</b>		
Flesch Score C.V.D.144.pdf		

	Item Status:	Status
<b>Bypassed - Item:</b> Application	Approved-Closed	<b>Date:</b> 03/08/2010
<b>Bypass Reason:</b> No application used.		
<b>Comments:</b>		

Name of Company: UNUM Life Insurance Company of America

This is to certify that the forms listed below meet the minimum score required by the Flesch Reading Ease Test.

Form and Form Number to which the Certification is Applicable

<u>Form</u>	<u>Form No.</u>	<u>Flesch Score</u>
Policy/Certificate	C.V.D.144	50.2



\_\_\_\_\_  
Officer's Name

Vice President  
Officer's Title

Date: March 1, 2010